BOARD OF MEDICOLEGAL INVESTIGATIONS

OFFICE OF THE CHIEF MEDICAL EXAMINER

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By _____

Date _____

REPORT OF INVESTIGATION BY MEDICAL EXAMINER

DECEDENT First-Middle-Last Names (Please avoid use of initials)	Age	Birth Date	Race	Sex
CATHERINE BERNADETTE PARHAM	0 Day(s)	10/10/2018	WHITE	F

HOME ADDRESS - No. - Street, City, State
1601 PENNINGTON WAY, NICHOLS HILLS, OK

EXAMINER NOTIFIED BY - NAME - TITLE (AGENCY, INSTITUTION, OR ADDRESS)				DATE	TIME
KIM CUNNINGHAM, BAPTIST				10/10/2018	6:44
INJURED OR BECAME ILL AT (ADDRESS)	CITY	COUNTY	TYPE OF PREMISES	DATE	TIME
1601 PENNINGTON WAY	NICHOLS HILLS	OKLAHOMA	DEC'S RESIDENCE	10/10/2018	Unknown
LOCATION OF DEATH	CITY	COUNTY	TYPE OF PREMISES	DATE	TIME
INTEGRIS BAPTIST MEDICAL CENTER	OKLAHOMA CITY	OKLAHOMA	HOSPITAL	10/10/2018	6:19
BODY VIEWED BY MEDICAL EXAMINER	CITY	COUNTY	TYPE OF PREMISES	DATE	TIME
921 NE 23RD ST	OKLAHOMA CITY	OKLAHOMA	AUTOPSY	10/10/2018	13:00

IF MOTOR VEHICLE ACCIDENT: ☐ DRIVER ☐ PASSENGER ☐ PEDESTRIAN

TYPE OF VEHICLE: ☐ AUTOMOBILE ☐ LIGHT TRUCK ☐ HEAVY TRUCK ☐ BICYCLE ☐ MOTORCYCLE ☐ OTHER: _____

DESCRIPTION OF BODY

EXTERNAL PHYSICAL EXAMINATION

RIGOR
Jaw ☐ Complete ☐
Neck ☐ Absent ☐
Arms ☐ Passing ☐
Legs ☐ Passed ☐
Decomposed ☐

LIVOR
Color _____
Lateral ☐
Posterior ☐
Anterior ☐
Regional _____

EXTERNAL OBSERVATION
Beard _____ Hair _____
Eyes: Color _____ Mustache _____
Opacities _____
Pupils: R _____ L _____
Body Length _____ Body Weight _____

	NOSE	MOUTH	EARS
BLOOD	☐	☐	☐
OTHER	☐	☐	☐

Significant observations and injury documentations - (Please use space below)
- WHITE FEMALE NEONATE WITH NO FATAL TRAUMA.
- MEDICAL INTERVENTIONS.

Probable Cause of Death:

SUDDEN UNEXPLAINED INFANT DEATH

Other significant conditions contributing to death (but not resulting in the underlying cause given)

Manner of Death:

Natural ☐ Accident ☐
Suicide ☐ Homicide ☐
Unknown ☑ Pending ☐
Not Assigned ☐

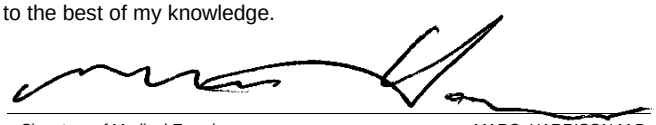
Case disposition:

Autopsy YES
Authorized by MARC HARRISON M.D.
Pathologist MARC HARRISON M.D.
Not a medical examiner case ☐

MEDICAL EXAMINER:
Name, Address and Telephone No.

MARC HARRISON M.D.
921 N.E. 23rd ST
OKLAHOMA CITY, OK 73105

I hereby state that, after receiving notice of the death described herein, I conducted an investigation as to the cause and manner of death, as required by law, and that the facts contained herein regarding such death are true and correct to the best of my knowledge.



Signature of Medical Examiner MARC HARRISON M.D.

Computer generated report

10/10/2018
Date Case Initiated

1/3/2019
Date Case Finalize

CME-1 (REV 7-98)

Board of Medicolegal Investigations
Office of the Chief Medical Examiner
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CERTIFICATION
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By_____

Date_____

REPORT OF AUTOPSY

Decedent	Age	Birth Date	Race	Sex	Case No
CATHERINE BERNADETTE PARHAM	**0 Day(s)**	**10/10/2018**	**WH**	**F**	**1805139**

Authority for Autopsy
MARC HARRISON, M.D.

FINDINGS

I. Normally developed, apparent full-term white female neonate with no fatal trauma.
II. Multiple medical interventions.

COMMENT: Toxicological analysis of heart blood was negative for ethyl alcohol (ethanol) as well as common drugs of abuse. Vitreous electrolytes and metabolic panel were unremarkable. Heart blood culture revealed no growth in 7 days.

This apparent full-term white female neonate was delivered to the mother via a midwife at bedside. After delivery, the decedent reportedly was in agonal respirations and pulseless. EMS responded and she was transported to the hospital (Baptist Hospital ER in OKC) where, despite best efforts, she was pronounced shortly after arrival at time 06:19 on 10/10/2018. See medical record for complete clinical course.

CAUSE OF DEATH: **SUDDEN UNEXPLAINED INFANT DEATH**

MANNER OF DEATH: **UNDETERMINED**

The facts stated herein are true and correct to the best of my knowledge and belief.

MARC HARRISON, M.D.	Pathologist	OCME Central Division	10/10/2018 1:00 PM
		Location of Autopsy	Date and Time of Autopsy

EXTERNAL EXAMINATION

DESCRIPTION

Height	Weight	Eyes	Pupils	Opacities, Etc.	Hair	Beard	Mustache	Circumcised
21 in.	4.03 kg.	Brown	R 3 mm L 3 mm	No	Brown			

RIGOR (jaw, neck, back, legs, arm, chest, abd., complete)	LIVOR (color, anterior, posterior, lateral, regional)	Body Heat
Complete	Purple, posterior, fixed	COOL

DESCRIPTION OF CLOTHING

The body is unclothed.

EVIDENCE OF MEDICAL TREATMENT

- Endotracheal tube in place.
- Small square monitor pads located over the right upper chest x 1, central upper chest x 1, left upper chest x 1, right lower abdomen x 1, and left abdomen x 2.
- Large square defibrillator pads located over the right chest x 1 and left lower chest x 1.
- Intraosseous line with gauze cover over the left anterior shin.
- Umbilical stump (approximately 1 x 0.8 cm) is tied.
- A loose pulse oximeter within the bag.

EXTERNAL EXAMINATION

The body is that of an unembalmed, well-developed, well-nourished white female neonate appearing consistent with a full-term delivery.

The scalp is unremarkable. The conjunctivae are clear with no petechial hemorrhages. The sclerae are white. The ears are normal. The patent ear canals contain no blood or fluid. The nose is intact with no hemorrhage or foreign material in the external nares. The teeth are absent in both the upper and lower jaws (edentulous). The lips and oral mucosa are intact with no evidence of injury. Apart from the endotracheal tube, there is no foreign material in the oral cavity. Head circumference is 35 cm; chest is 32.5 cm; abdomen is 34 cm; crown-to-rump length is 37.5 cm; ear length is 4 cm, bilateral; foot length is 5 cm, bilateral. These measurements are consistent with an average size full-term female neonate. There is no cleft lip noted. There is no cleft palate noted. The remainder of the neck, chest, abdomen, back, pelvis, and anogenital regions are intact and atraumatic. The remainder of the upper and lower extremities is unremarkable.

Received along with the body is a placenta weighing 390 grams and measuring 19 x 15 x 1.5 cm. The fetal surface is gray-tan; unremarkable. The maternal surface is red-tan and intact. There is no apparent abruptions, infarcts, or infection noted. The placenta shows a marginal umbilical cord insertion (measuring 37 cm in length x 0.8 cm in diameter, three vessel). The umbilical cord is clamped at the placenta and also at the decedent. The umbilical cord is received in two pieces.

EVIDENCE OF INJURY

No fatal trauma identified.

GROSS EXAMINATION

The body is opened through the customary "Y" shaped incision.

The subcutaneous fat (0.4 cm at greatest depth) is moist and bright yellow. The musculature through the chest and abdomen is rubbery, maroon, and shows no gross abnormality.

The sternum is removed in the customary fashion. The organs of the chest and abdomen are in their normal position and relationship. The liver edge extends approximately 2 cm below the right costal margin at the midclavicular line. The diaphragms are intact bilaterally.

PARIETAL PLEURA:

Smooth, glistening membrane without associated adhesions or abnormal effusions.

PERICARDIUM:

Is a smooth, glistening, intact membrane, and the pericardial cavity contains the normal amount of clear, straw-colored fluid.

PERITONEUM:

Smooth, glistening membrane in both the abdominal and pelvic cavities. The peritoneal cavity contains approximately 3 cc of blood (apparent association with liver laceration probable secondary to CPR). There are no adhesions within the peritoneal cavity.

HEART:

Weighs 37 g. It has a normal configuration and location. There are no adhesions between the parietal and visceral pericardium, and the latter is a smooth, glistening, fat laden characteristic membrane. The coronary arteries arise and distribute normally with no significant atherosclerosis. The coronary ostia are normally located and widely patent. The chambers and atrial appendages are unremarkable. The foramen ovale is patent. The valves are normally formed and measure as follows: tricuspid 3.8 cm, pulmonic 1.8 cm, mitral 3.4 cm, and aortic 1.6 cm. The endocardium is a smooth, gray, glistening, translucent membrane uniformly. The myocardium is intact, rubbery, and red-tan. The left ventricle measures 0.5 cm, the septum measures 0.5 cm, and the right ventricle measures 0.2 cm. The papillary muscles and chordae tendineae are intact and unremarkable. The arch of the aorta is classically formed with no atherosclerosis. Other great vessels also arise and distribute normally and are widely patent.

NECK ORGANS:

Musculature is normal, rubbery, and maroon, and the organs are freely movable in a midline position. The tongue is intact and normally papillated, without evidence of tumor or hemorrhage. The hyoid bone is intact. The thyroid cartilage is intact and without abnormality. The thyroid gland is symmetric, rubbery, light tan to maroon, and in its normal position without evidence of neoplasm. The epiglottis is a characteristic plate-like structure which shows no evidence of edema, trauma, or other gross pathology. The larynx is comprised of unremarkable vocal cords and folds, is widely patent without foreign material, and is lined by a smooth, glistening membrane. There are no petechiae of the epiglottis, laryngeal mucosa, or thyroid capsule.

THYMUS:

Weighs 21 g. It is of normal configuration, soft, tan, and intact. The cut surface shows no pathology.

LUNGS:

The right lung weighs 33 g, and the left weighs 23 g. Visceral pleurae are smooth, glistening, and intact with no anthracosis or bleb formation. The overall configuration is normal. The trachea is widely patent and lined by a characteristic pink membrane. Likewise, the major bronchi and bronchioles bilaterally are patent, normally formed, and contain no significant occlusive material. The pulmonary arterial tree is free of emboli or thrombi. The parenchyma varies from pink-tan to dark purple, and exudes moderate amounts of blood and clear, frothy edema fluid from its cut surfaces. There is no evidence of consolidation, granulomatous, or neoplastic disease. Hilar lymph nodes are within normal limits with relation to size, color, and consistency.

G.I. TRACT:

The esophagus shows an unremarkable mucosa, a patent lumen, and no evidence of gross pathology. The esophagogastric junction is unremarkable. The stomach is of normal configuration, is lined by a smooth, glistening, intact mucosa, has an unremarkable wall and serosa, and contains no significant gastric contents. The duodenum is patent, shows an unremarkable mucosa and no evidence of acute or chronic ulceration. Jejunum and ileum are unremarkable and contain soft brown fecal material. There is no Meckel's diverticulum. The ileocecal valve is intact and unremarkable. The appendix is present. The colon is examined segmentally and shows no evidence of neoplasm or trauma. There are no diverticula. Anus and rectum are unremarkable.

LIVER:

Weighs 240 g. There is a 1 cm horizontal laceration over the anterior mid portion of the liver (consistent with CPR artifact). The remainder of the liver is of normal configuration, rubbery, tan, and intact. Cut surface shows no pathology.

GALLBLADDER:

Lies in its usual position, contains liquid bile, no calculi, and shows a normal mucosa. The biliary tree is intact and patent without evidence of neoplasm or calculi.

PANCREAS:

Lies in its normal position, shows a normal configuration, is pink-tan and characteristically lobulated with no apparent gross pathology.

SPLEEN:

Weighs 14 g. The capsule is intact. The organ is rubbery, maroon, and shows a characteristic follicular pattern.

ADRENALS:

Lie in their usual location, show yellow cortices and tan to gray medullae.

KIDNEYS:

The right kidney weighs 20 g and the left weighs 20 g. Both are configured normally with no abnormality. Sections show the organs to be moderately congested with unremarkable cortices, medullae and pelves. Ureters and blood vessels are patent and unremarkable.

URINARY BLADDER:

Contains no significant urine. Its serosa and mucosa are unremarkable.

FEMALE GENITALIA:

The vagina is intact and shows no gross pathology. The cervical os is free of erosion. The endocervical canal is within normal limits. The uterus has a symmetrical overall unremarkable configuration and is nongravid. The myometrium is light tan and rubbery. The endometrium is unremarkable. Bilateral adnexa are unremarkable.

BRAIN AND MENINGES:

The scalp is opened through the customary intermastoid incision and shows no trauma. The calvarium is removed through the use of an oscillating saw and is intact without evidence of osseous disease. The brain weighs 430 g. Dura and leptomeninges are smooth, glistening, translucent, and unremarkable without evidence of trauma. Cranial nerves and circle of Willis arise and distribute normally and show no significant pathology. Externally the brain is normally configured and symmetric, and multiple serial sections of cerebral hemispheres, pons, medulla, and cerebellum show no gross pathological change apart from moderate congestion. The ventricular system is also symmetric and unremarkable. The base of the skull is intact without osseous abnormality.

RIBS:

Intact.

PELVIS:

Intact.

VERTEBRAE:

Intact.

BONE MARROW:

Moist and dark red. Unremarkable.

MICROSCOPIC EXAMINATION

Representative sections of the trachea, esophagus, thymus, thyroid, lungs, heart, kidneys, adrenals, pancreas, spleen, liver, stomach, uterus, ovaries, fallopian tubes, urinary bladder, small intestine, large intestine, brain, placenta, umbilical cord, and bone marrow show no significant histopathology.

Representative section of the fetal membranes shows mild, diffuse, acute inflammation.

October 17, 2018
MH/kg

MARC HARRISON, M.D.

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REPORT OF LABORATORY ANALYSIS

ME CASE NUMBER: 1805139

LABORATORY NUMBER: 184052

DECEDENT'S NAME: CATHERINE BERNADETTE PARHAM

DATE RECEIVED: 10/11/2018

MATERIAL SUBMITTED: BLOOD, VITREOUS, LIVER, BRAIN

HOLD STATUS: 60 DAYS

SUBMITTED BY: JASON SNIDER

MEDICAL EXAMINER: MARC HARRISON M.D.

NOTES:

ETHYL ALCOHOL:

Blood: NEGATIVE (Heart)

Vitreous:

Other:

CARBON MONOXIDE

Blood:

TESTS PERFORMED:

ALKALINE DRUG SCREEN - (Heart Blood)
EIA - (Heart Blood) - Amphetamine, Methamphetamine, Fentanyl, Cocaine, Opiates, PCP, Barbiturates, Benzodiazepines
(The EIA panel does not detect Oxycodone, Methadone, Lorazepam or Clonazepam)

RESULTS:

NONE DETECTED

10/29/2018
DATE

Byron Curtis Ph.D.

BYRON CURTIS, PH.D., F-ABFT, Chief Forensic Toxicologist